



I. PRE-K STUDENT REGISTRATION FORM

STUDENT INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE:
DOB: ___/___/_____	Gender: ___M ___F	
Mailing Address:		
City	State:	Zip:
Physical Address (if different from mailing address):		
City:	State:	Zip:
Is student eligible for: (check all that apply) ___ IEP ___ State Placed ___ DLL (Dual Language Learner) ___ Migrant ___ Homeless (ie: lack of consistent housing, doubling up with friends or family, etc.)		
Race/ethnicity (check all that apply): ___ White ___ Asian ___ Black/African American ___ Hispanic/Latino ___ American Indian/Alaskan ___ Native Hawaiian/Pacific Islander ___ Other (please specify)		
Language other than English spoken in the home:		
Child lives with: ___ Both ___ Parent 1. (specify below) ___ Parent 2. (specify below) ___ Other (specify) * Copy of any current court order regarding custody or guardianship for either Parent, <u>must</u> be submitted to school.		
PARENT/GUARDIAN INFORMATION		
Parent /Guardian 1:	Relationship to Student:	
Mailing Address (if different from above):		
City:	State:	Zip:
Physical Address: (if different mailing address:)		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	E-mail:
Parent/Guardian 2:	Relationship to Student:	
Mailing Address: (if different from above):		
City:	State:	Zip:
Physical Address: (if different mailing address:)		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	E-mail:
SIBLING INFORMATION		
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade:

WINDSOR SOUTHEAST SUPERVISORY UNION

Hartland • Weathersfield • West Windsor • Windsor School Districts

105 Main Street, Suite 200 • Windsor, Vermont 05089
(802) 674-2144 • fax (802) 674-6357



II. PUBLICALLY FUNDED PRE-K PROGRAM APPLICATION

Public funding for Pre-K is for 10 hours a week of high quality early learning for 35 weeks per year (Sept-June). In order to qualify for funding your child must attend a Pre-Qualified Program for at least 10 hours a week.

It is the parent’s responsibility to enroll their child in a Prequalified Program. The program your child attends may not charge you for the 10 hours, 35 weeks of Pre-K. To Locate a Pre-Qualified Program follow this link: [Bright Futures Vermont: Pre-Qualified Pre-K Programs](#)

Please return your application and verify your residency at the Supervisory Union at 105 Main St. Suite 200 Windsor, VT 05089

II. APPLICATION FOR PUBLICALLY FUNDED PRE-K		
Current School Year 20__ – 20__	* Child’s age as of August 31 st : _____	
Child’s Name:	DOB:	
Name of Program:		
Director of Program:		
Program Phone Number:		
Program Address:		
Town	State: VT	Zip Code:

(*Child must be at least 3 years of age by September 1st for the school year in which you are requesting public funding)

I understand that by enrolling my child to receive Public Funding for Pre-K, my child’s enrollment will be counted by the local school district in which my child resides, and my child will be considered a student of that school district.

I also understand that the Pre-K Program where my child is enrolled will release information regarding my child’s attendance and Teaching Strategies GOLD assessment information with the Windsor Southeast Supervisory Union and the Vermont Agency of Education.

The information provided is accurate and true to the best of my knowledge.

Parent Signature

Date

For Official Use Only: Town of Residency: ___ Hartland ___ Weathersfield ___ West Windsor ___ Windsor

Date Application Received: ___/___/___ Date Residency Verified: ___/___/___ Registrar Initials: _____